

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/009595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2			X			
3	/		/		/	
4						
5	2		2		2	
6	2		2		2	
7	2		2		2	
8	2		2		2	
9	2		2		2	
10	2		2		2	
11	1					
12	1		X			
13	1		2		2	
14	1		2		2	
15	1		X		X	
16	1		X		X	
17	1		X		X	
18	1		X		X	
19	1		1		1	
20	1		1		1	
21	2		2		2	
22	1		1		1	
23	1		1		1	
24	2		2		2	
25					1	
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TOTAL IND.	5		4		5	
TOTAL DEP.	22	↓	23	↓	25	↓
TOTAL CLAIMS	27		27		28	

*	IND.	*	IND.	*	IND.	*	IND.	*	DEP.
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TOTAL DEP.									
TOTAL CLAIMS									